POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	NILL		12 (4-1)	
O.I.P.E. CLASSIFIER				
FORMALITY REVIEW	YG	956	12/12/01	
RESPONSE FORMALITY REVIEW	126	(10%)	5-9-01	

INDEX OF CLAIMS

✓ Rejected	N Non-elected
= Allowed	I Interference
 (Through numeral) Canceled 	A Appeal
÷Restricted	O Objected

	÷	Restric	cted	0 .		Objected	
Claim	Date	Claim		Date		Claim	Date
1 2 3 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5						2	
Final Coriginal Sites		Final Original				Final Original	
E 6 2 2 0	 	<u> </u>	+++	+++			
		51 52		+		101	
3		53		+++		103	
4		54	 	+++		104	
5		55	! 	+++		105	-
6		56	 	+++		106	-
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		57	111			107	+
1 8 1		58				108	
1 9 1 1 1 1		59				109	
10		60				110	
11		61				111	
(12)		62	$\bot \bot \bot$	$\bot \bot \bot$		112	
13		63	111			113	
14		64	+ + +	+++	+	114	
15		65		+++		115	
16		66	+ + -	+++	+	116	
		67	+-+-			117	
19		69	+ + -			119	-+
20		70	+ + +	+++	+++-	120	
21 / /		71	+	$+\pm\pm$	1111		
22	 	72		BE	ST AV	A 1121	E COPY
23		73		+77	· · · · · · · · · · · · · · · · · · ·	123	
24		74	+++	- - -		124	
25		75	+++	+++		125	
26		76	+++	111	1111	126	
27		77				127	
28		78				128	
29		79				129	
30		80				130	
31		81				131	
32		82		\bot		132	
33		83	 	++-+		133	
34		84	+++	+		134	
35		85 86	+++			135	
37		87	+-+-	- -		137	
38	 - - - - - - 	88				138	
39		89	 	+++		139	
40	 	90	+++	+++	 	140	
41		91	+++	+++	- - - 	141	
42		92	+++	+++		142	
43 (- - - - 	93	+++	+++		143	
44		94		+++	- 	144	- - - - - - - - - - - - - - - - - - -
45		95	1 1 1	+ + +	+++	145	
46		96	 	+-+-		146	- - - - - - - - - - - - - - - - - - -
47		97		 - - 		147	
48		98		+-+-+		148	
49		99				149	
50		100				150	
	-						

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)